

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/521050

APPLICANT(S)

FILING DATE

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
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13		/		/			63						
14		/		/			64						
15		/		/			65						
16		/		/			66						
17		/		0			67						
18		/		0			68						
19		/		0			69						
20		/		0			70						
21		/		0			71						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	20	←	19	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	21		20				TOTAL CLAIMS						